

## Dr.S.Sacchidanand Ph: 080-26961903, 26961946, Fax: 26961931

**Registrar (Evaluation) Email:registrar\_evaluation@yahoo.co.in**

 RGUHS/Exam/August/2016-17 Date: 08.08.2016

**CIRCULAR**

All the principals of the colleges affiliated to RGUHS are requested that henceforth they should enter the following details in all their correspondence with Registrar (Evaluation) and Exam section. This should be prominently displayed in a rectangle box on the right hand top corner of the letter.

|  |  |  |
| --- | --- | --- |
| **SL No** | **Nature of Correspondence** | **Entry Required** |
| 1. | Submission of exam applications  | College Code: |
| 2. | Theory / Practical centre related correspondence  | College Code: Centre Code: |
| 3. | Panel of Examiners | College Code:TIN No. of Teachers:(against teacher’s Name:  |

By Order,

**Sd/-**

**Dr. S. Sacchidanand**

Registrar (Evaluation)

# Copy to:

# All the Principal’s of affiliated colleges to RGUHS

# P.A. to Vice-Chancellor/Registrar/Registrar (E)/Finance Officer, RGUHS, Bangalore.

# Guard File.